



Ambassador John Berry – Kirby Institute, Sydney

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## **Ambassador Berry's Remarks at the Kirby Institute**

### **"Towards an AIDS-Free Generation"**

*(As prepared for delivery, November 17, 2015)*

As the world prepares for World AIDS Day on December 1, I am reminded of the words of the esteemed Michael Kirby, "Nothing is impossible to the human spirit."

And that includes achieving the goal of an AIDS-free generation.

We have reached a critical moment in the fight against HIV and AIDS. Scientific advances have brought the world to the point where an AIDS-free generation is within our reach by 2030.

Many of these advances have been made here at the Kirby Institute, which is at the forefront of the global effort to find a cure for HIV/AIDS and stop new infections. Just this month, the Kirby Institute and the Peter Doherty Institute for Infection and Immunity at the University of Melbourne announced their participation in a global joint initiative to accelerate research on an effective HIV vaccine.

Thank you to everyone here for your hard work and commitment.

The vision of an AIDS-free generation caused the U.S. Congress to put ideology and politics aside in 2003 for a unanimous vote to pass the President's Emergency Plan for AIDS Relief, what you all know as "PEPFAR."

PEPFAR was and is an innovation in global health policy. It is the largest commitment in history by any nation to combat a single disease – more than \$65 billion since 2004. PEPFAR harnesses the resources of governments around the world, civil and religious organizations, and the private sector.

PEPFAR directs the United States to make smart investments internationally in HIV prevention, treatment, and care based on sound science. One fantastic example is PEPFAR's contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Global Fund has proven a valuable resource for our community – the community of people committed to a world without HIV/AIDS. It is truly a 21<sup>st</sup> century partnership, connecting affected communities with the research and resources available in the United States, in Australia, and around the world. The Fund raises and invests nearly four billion dollars a year to support programs run by local experts in countries and communities most in need. And, through the



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Global Fund, the United States and Australia are working together to use available resources efficiently, develop strategies that work, and save more lives.

Due to the work of PEPFAR and the Global Fund – and due to our community efforts – the number of deaths caused by AIDS is plummeting. AIDS is no longer a death sentence: with proper medical care, an HIV-positive person can expect to have the same lifespan as someone who is not infected. The key is HIV testing and access to antiretroviral therapy, which has been expanded to millions of people in the countries where PEPFAR and the Global Fund are active.

In September at the United Nations, President Obama announced new HIV prevention and treatment targets for PEPFAR. By the end of 2017, PEPFAR will support 12.9 million people with life-saving treatment – nearly doubling the number of individuals supported on treatment by PEPFAR from 2013 to 2017.

There are other promising signs of success. The rate of new HIV infections has fallen by nearly half since 2003. And, more than one million HIV-free children have been born to HIV-positive mothers.

Through its partnerships, the United States has built infrastructure, strengthened local health systems, and provided invaluable training and experience, all of which will inform responses to current and future health crises. The ultimately successful response to last year's Ebola outbreak can be credited, in part, to a decade of investment in global health.

Australia and everyone in this room are an important part of this success story. Many of you were in Melbourne last year when Australia hosted the International AIDS Conference. Since then, U.S.-Australia collaboration on biomedical research has only grown stronger – it is second to none. Australia is also a top twenty donor country to the Global Fund. In 2013, Australia pledged \$200 million over three years. In 2016, the Fund's global contributors will again make three-year commitments.

The United States, the first and largest donor to the Global Fund, believes so strongly in its work that for the last three years it has matched contributions to the Fund – \$1 for every \$2 contributed by other donors. This is the kind of commitment it takes to end the scourge of HIV/AIDS.

The Global Fund has achieved so much, thanks to the generosity of Australia and other government and institutional donors. However, it is up to all of us to do more. Looking forward to next month's Pre-Replenishment Meeting in Tokyo for the 2016 Global Fund Replenishment, I call on all contributors to the Global Fund to increase their commitments.

Australia makes significant development and public health investments in the Asia Pacific, and has contributed more than \$1 billion over the last decade to the international response to



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HIV/AIDS. Notably, Australia's contribution to the Global Fund leverages at about the rate of 15:1. This is because of the U.S. matching program and because the Global Fund board allocates resources to the Asia Pacific due to the generous support from regional powerhouses: Australia and Japan.

Since 2000, Burma, India, Thailand, and Vietnam have seen a decline of 50% or greater in AIDS morbidity and mortality. In Papua New Guinea, thousands of people living with HIV have access to treatment. Australian assistance is saving lives.

Creating an AIDS-free generation is a goal that neither the United States, nor Australia, nor any one country, company, or organization can accomplish alone. We must work together to reduce new HIV infections, decrease AIDS-related mortality, and end the stigma, discrimination, legal sanctions, and human rights abuses often directed against people living with HIV and those who are at risk.

Researchers here at the Kirby Institute work across the spectrum of biomedical, behavioral, and structural prevention, because effective HIV prevention acknowledges the complexities of everyday life for at-risk populations.

But, in spite of positive trends in Africa and worldwide, in both Australia and the United States new HIV infections are on the rise, particularly among young men.

HIV is not the common cold. Today's treatment is not – yet – a cure. It only takes one unsafe encounter to contract this horrible disease.

I am a member of the generation that survived the worst of this disease at the very beginning. It falls to us to ensure that the next generation will not repeat the same mistakes. And that means educating our young people about preventing transmission, sharing best practices, and supporting the research that will lead to prevention and a cure.

There was a time not so long ago when the disease we know as AIDS did not have a name.

When I met my first partner, Tom Leishman, in 1985, this terrible disease was just beginning to destroy lives, families, and communities. On our second date, over dinner, Tom told me that he had "It." I knew what "It" was. Everyone knew what "It" was, even if they didn't like to talk about it. We also knew people were dying from "It".

Tom said that if I didn't want to pursue the relationship any further, he understood. I told him that "It" would be a damn silly reason to abandon something that might turn out to be true love.



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By 1996, this horrible disease had shrunk my 6'2" 200 pound athlete partner to less than 100 pounds. In June of that year, he died in my arms.

Thankfully, the world responded to the terrible "It" of 1985 – the disease we know as HIV/AIDS. We recognized that this was not just a global health crisis, but a human rights issue.

And, today, HIV/AIDS is no longer a story of devastation and despair, but one of healing and hope. Each day, we get closer to an AIDS-free generation.

We must ensure that the legacy of those we have lost is love.

That their remembrance is a cure.

And that we commit this terrible disease to the pages of history so that no one else loses a partner, a child, a parent, or a friend to AIDS.